

Substitute for form 1449/PTO		COMPLETE IF KNOWN	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT		Application Number	10/591,914
		Filing Date	September 8, 2006
		First Named Inventor	Morrisette et al.
		Group Art Unit	1612
		Examiner Name	Sznaidman, Marcos L.
Sheet	1	of	2
		Attorney Docket Number	21548YP

LC
8/31/09

Examiner Signature	/Marcos Sznaidman/	Date Considered	04/16/2009
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***Examiner: Initial if reference is to consider whether application is in conformance with MPEP 609. Drawing through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.**

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. M.S./

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450. Computer generated form "IDS Form" (IDS Folder), Merck & Co., Inc., 12/1/2007